

The ASAM / CSAT Recovery Support Services Project

Paul H. Earley, M.D., FASAM

Director of Adult Addiction Medicine, Ridgeview Institute
Project Coordinator, ASAM PPC-2R Assessment System

Alphabet Soup

Many organizations are working together to improve the quality of care for patients who suffer from addictive disease, examples include:

- SAMHSA (CSAT)
- NIAAA & NIDA
- ASAM
- NAATP
- NAADAC
- ONDCP

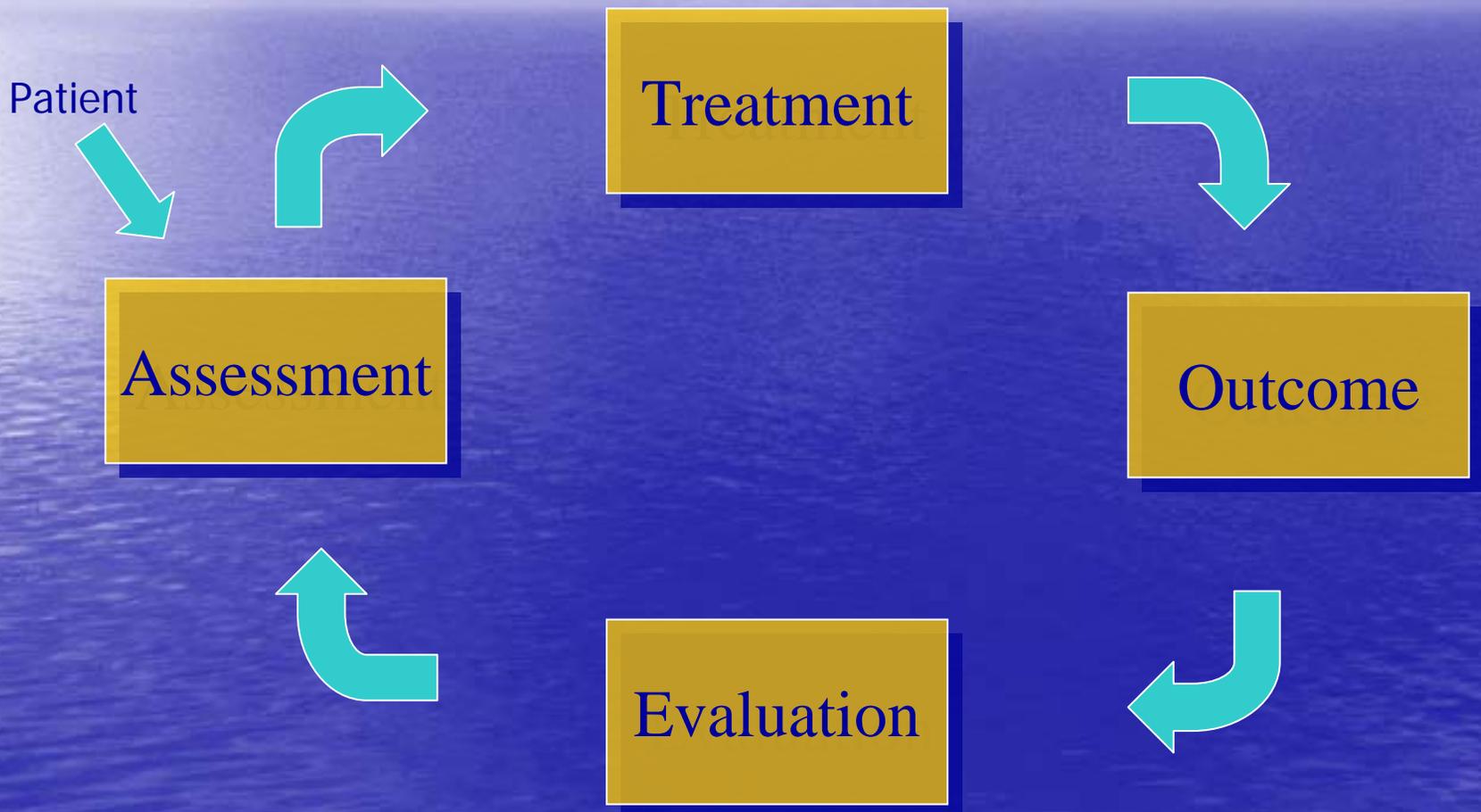
Basic Questions about Addiction

- What defines addiction severity (how do you stage the illness)?
- What are the non-addiction factors that contribute to the disease, alter treatment goals and affect the outcome?
- What actually occurs in treatment?
- What defines a good outcome or a bad outcome (what are the endpoints that define a good or bad outcome)?

Basic Questions about Addiction

- Issues intrinsic to addiction itself
 - State of physiological dependency
 - The patient's current place in the stages of change
 - The patient's risk of relapse
- Issues external to the dynamic of addiction
 - Housing, economic and work status
 - Co-occurring psychiatric disorders
 - Co-occurring medical disorders
 - Health of the family and support network

Improving Lives by Improving Care



Treatment Improvement

- Need to match intensity of treatment to intensity of disease.
- Need to differentiate and match types of using a given patient's:
 - Biomedical complications
 - Psychiatric complications
 - Environmental factors
 - Motivational status

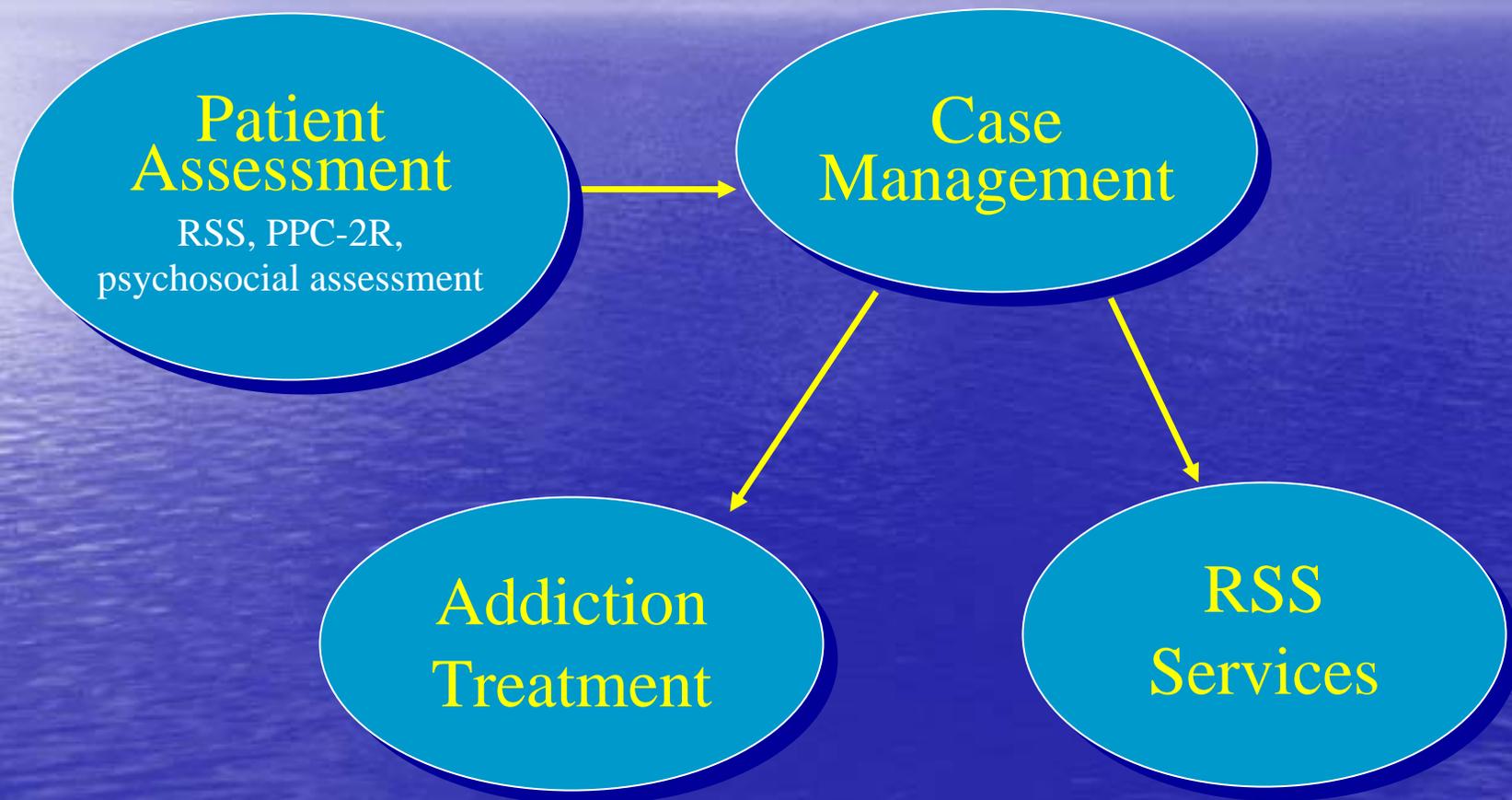
Timeline of Addiction Care

- 1970s – Addiction treatment enters the mainstream
- 1980 to 1990s – Dual diagnosis treatment
→ Co-morbid disease → Co-occurring disorders
- 2000s – Addition of Recovery Support Services
- 2010s – Integrated addiction care

Why Recovery Support Services?

- CSAT has stimulated the development of Recovery Support Services (RSS) with several grant streams, some through ATR grants and other sources (e.g. TI-06-004).
- The need to focus on RSS points out a shortcoming in the treatment delivery system in the United States today.

RSS and Addiction Assessment



The PPC-2R and the RSS Assessment

provide a complete view of the
patient who suffers from addiction

The ASAM PPC-2R

- Defines disease severity and type across six problem areas (called dimensions)
- Addresses co-occurring medical and psychiatric disorders
- Provides standardization as to type and intensity of treatment
- Needed to be expanded to assess recovery support services

The ASAM PPC – Disease Axis

- Dimension 1** Acute Intoxication and/or Withdrawal Potential
- Dimension 2** Biomedical Conditions/Complications
- Dimension 3** Emotional, Behavioral or Cognitive Conditions/Complications
- Dimension 4** Readiness to Change
- Dimension 5** Relapse, Continued Use or Continued Problem Potential
- Dimension 6** Recovery/Living Environment

The ASAM PPC – Treatment Axis

Describes treatment as a *continuum* marked by five basic levels of care. Roman numerals and decimals (.1 to .9) provide a nomenclature for describing the continuum of addiction services. The higher the number, the greater the intensity of service within that Level of Care.

Level 0.5 Early Intervention

Level I Outpatient Treatment

Level II.1 Intensive Outpatient

Level II.5 Partial Hospitalization

Level III.1 Clinically Managed Low Intensity Residential Services

Level III.3 Clinically Managed Medium Intensity Residential Treatment

Level III.5 Clinically Managed High Intensity Residential Treatment

Level III.7 Medically Monitored Intensive Inpatient Treatment

Level IV Medically Managed Intensive Inpatient Treatment

Within the treatment axis sub-specifiers exist that delineate the ability to detoxify patients (D), work with dual diagnosis (AOD, DDC, DDE), medical problems (BIO) and opioid maintenance therapy (OMT).

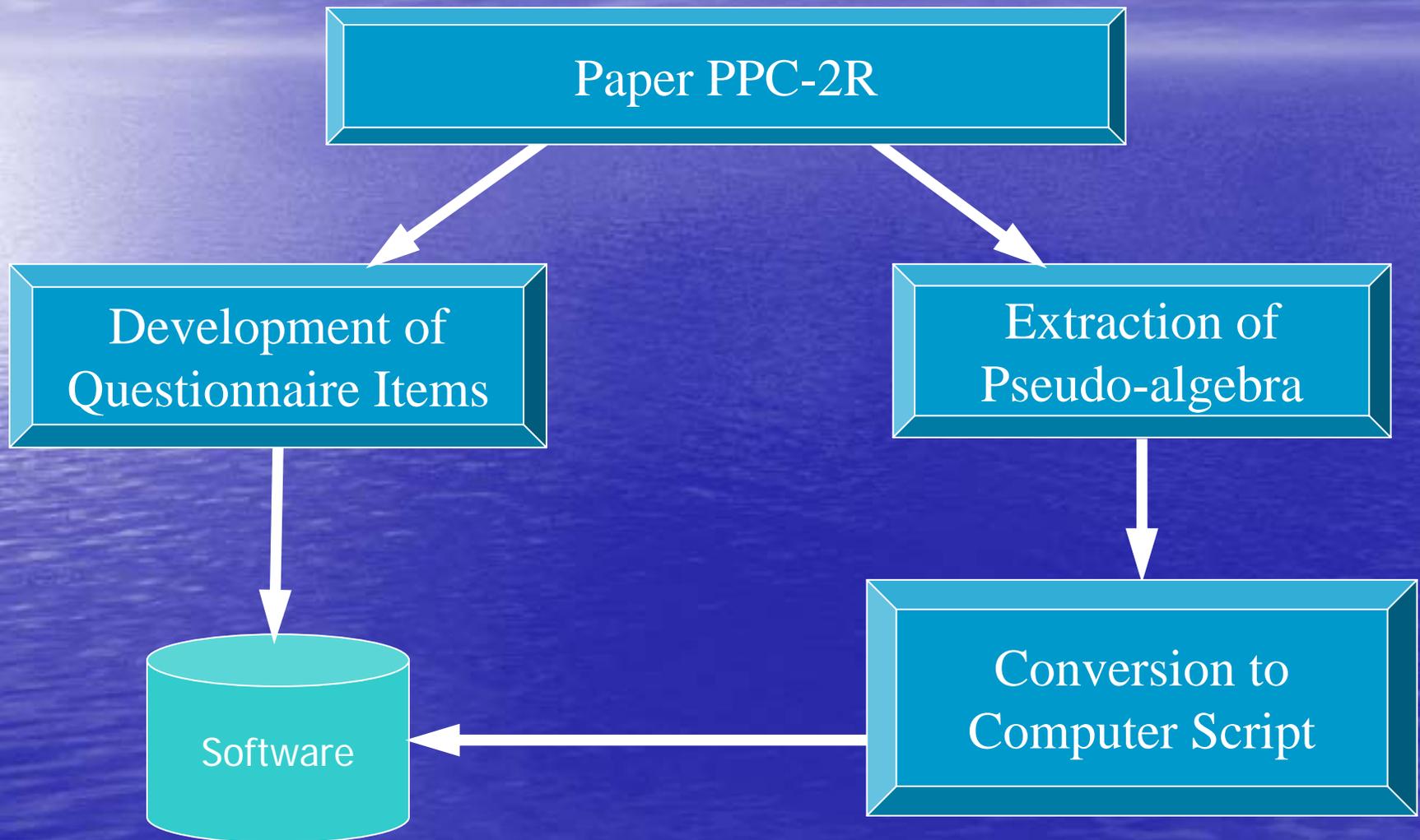
PPC-2R Software

- Developed with SBIR grant R44-AA12004 through NIAAA and funding from private software vendors.
- Based upon prototypes generated by Gastfriend *et al*/ at MGH
- Structured computerized interview
- Analysis of the interview items using the logic in the paper version of the PPC-2R

PPC-2R Software

- Provides a textual and two graphic reports
- Translation in progress into French, Dutch, Icelandic and Norwegian
- The PPC-2R Assessment System has undergone validity and interrater reliability testing.

PPC-2R Development



Recovery Support Services

- Evaluation, case management, recovery support services and addiction treatment can be bundled together or delivered separately.
- Patient evaluation and re-evaluation by a standardized tool improves quality of care and provides a platform for research.

Recovery Support Services

- Professionals or para-professionals evaluate need for recovery support services
 - Some of which are provided by professionals
 - Some of which are provided by peer-to-peer support
- RSS issues are multidisciplinary by nature.

RSS Questionnaire

- Funded through CSAT development grant #270-02-7120
- Developed by iterative process using primary authors who:
 - Collected items from existing questionnaires
 - Collated and organized into domains
 - Submitted for feedback from outside addiction experts
 - Reorganized and reevaluated by experts
- Designed to be administered in a computerized environment with or without the computerized PPC-2R

RSS Questionnaire

- Domains
 - Translation and Transportation
 - Employment
 - School and Training
 - Housing and Family
 - Recovery Continuum

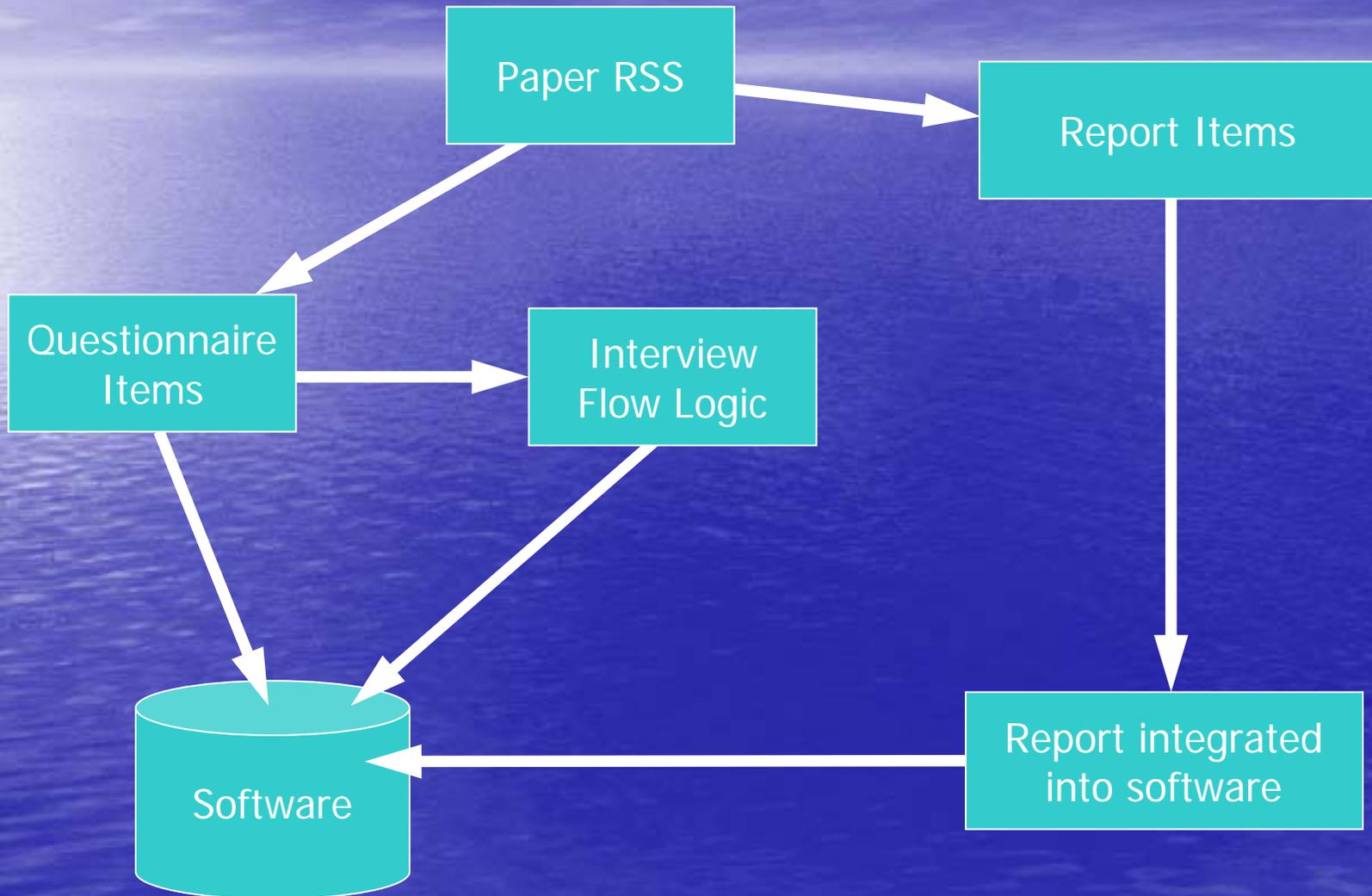
RSS Questionnaire

- Domains
 - Spiritual
 - Cultural and Gender
 - Medical and Psychiatric
 - Financial and Legal
 - Parenting

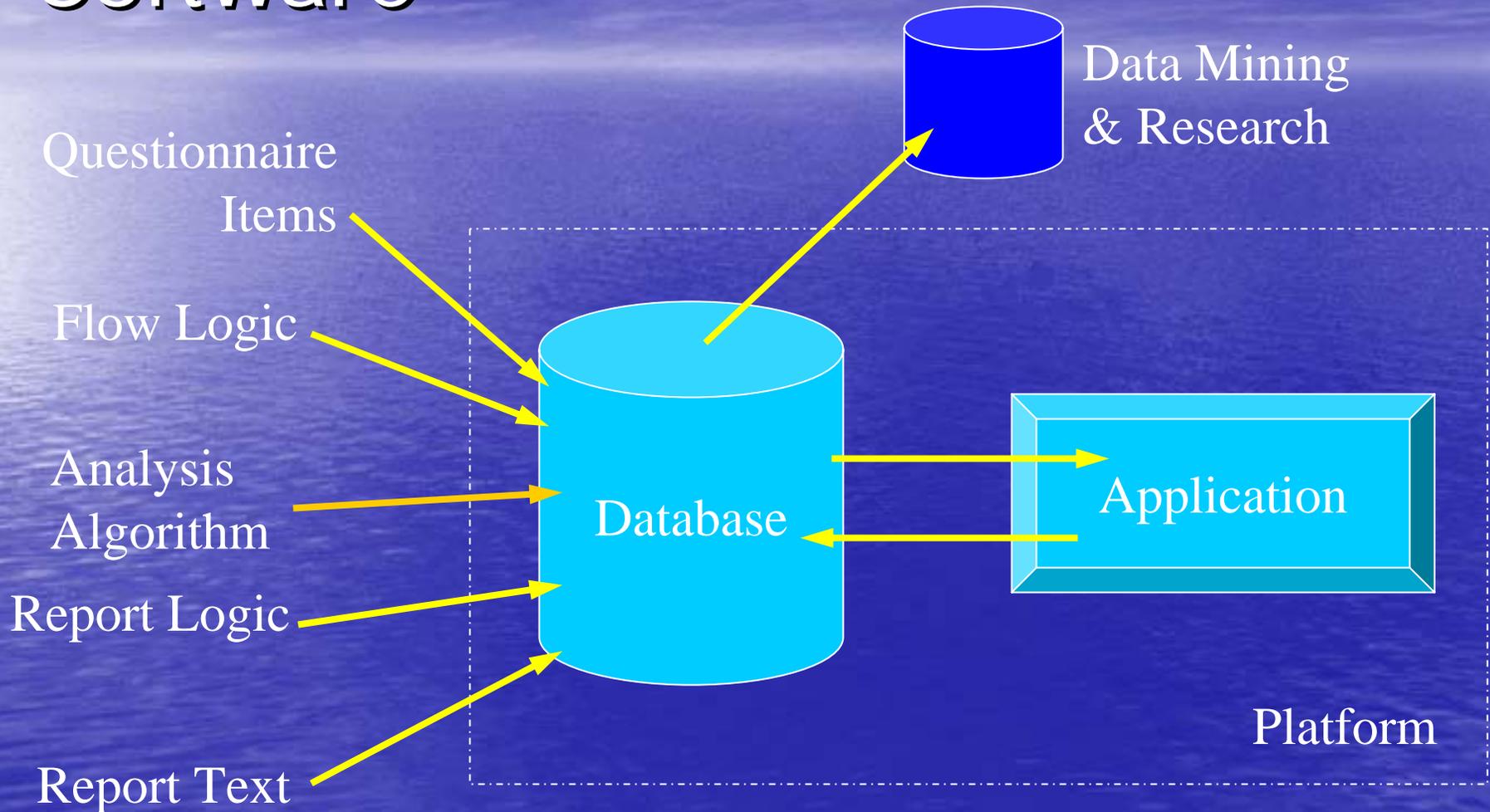
Computerized RSS

- Few textual entry fields
- Administration controlled by branching logic (e.g. -- if patient answers yes to a stem question, the tool drills down to specific needs)
- Textual report to provider
- Data uploaded for data analysis
 - What needs are identified?
 - What services are needed but undeliverable?

RSS Development



Components of the RSS Software



RSS Software

Parenting, Page 1 of 1

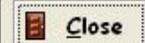
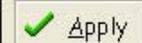
Parenting

Are you responsible for parenting any child who is not living independently?

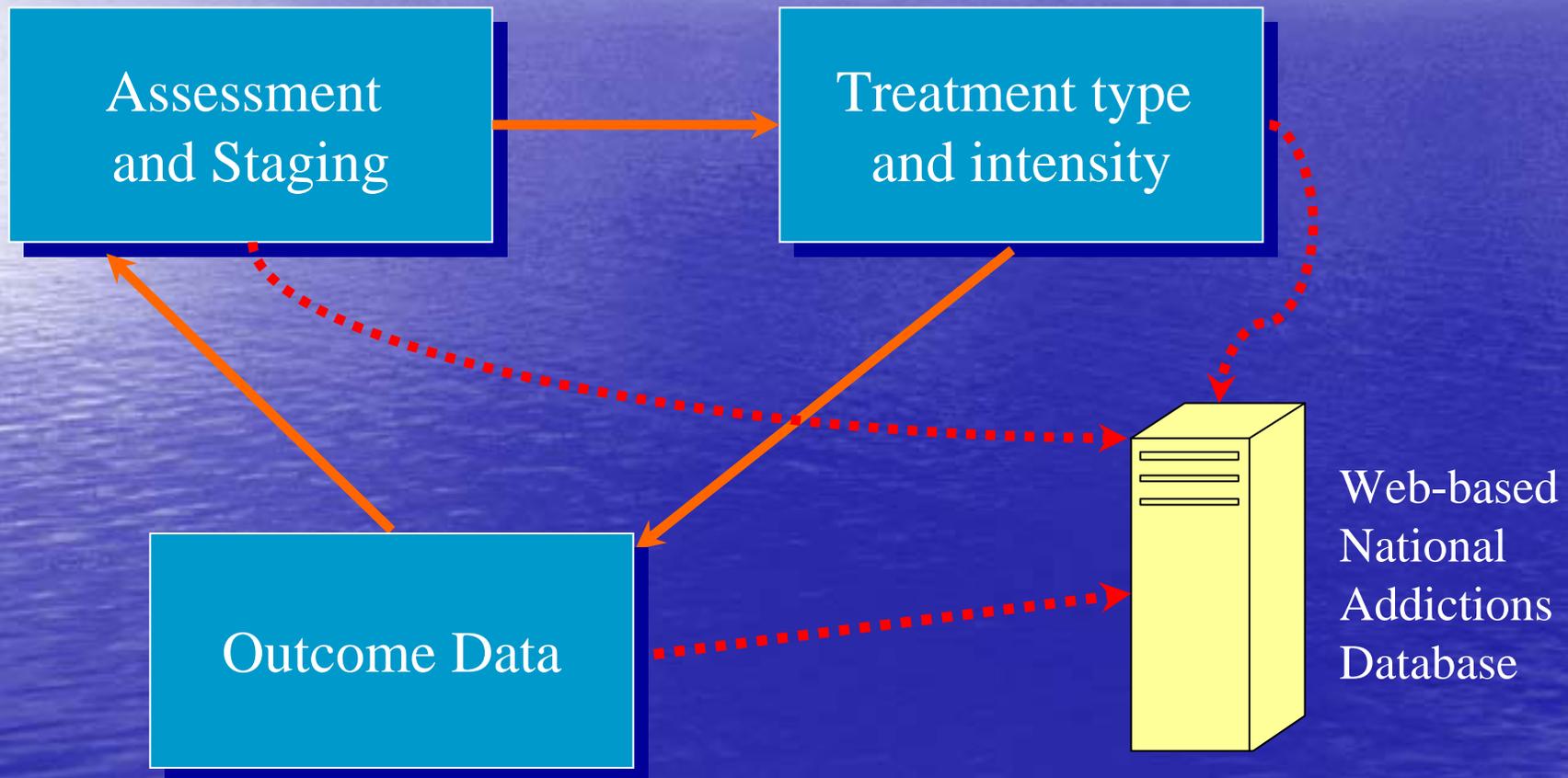
- No
- Yes

Do you need any help with child care services to allow you to participate in treatment and/or recovery?

- No
- Financial help (e.g. paying for child care)
- Logistical help (e.g. getting children to and from school)
- Finding a child care provider



Vision of the National Addiction Database



Who will use the RSS data?

- Scientists -- conducting treatment research.
- ATR grantees evaluate service delivery.
- Treatment providers – to improve the quality of care and hone their treatment process.
- Managed Care Organizations – to make clearer decisions in conjunction with care providers.